

Fleet ZIP Additional garaging locations

Make as many copies of this form as needed.

Please Indicate Total Number of Vehicles:

VEHICLE #	Make	Model Year
Facility Name and Street Address:		
City:		
County:		
ZIP Code:		
Meets EJ Criteria per State of Local Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If local environmental justice (EJ) criteria is not available or is not met for any garaging location, does it meet alternative EJ criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach supporting documentation that you have developed).		
VEHICLE #		
Facility Name and Street Address:		
City:		
County:		
ZIP Code:		
Meets EJ Criteria per State of Local Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If local environmental justice (EJ) criteria is not available or is not met for any garaging location, does it meet alternative EJ criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach supporting documentation that you have developed).		
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